

## **The Department of Mental Health's Response to Irene**

### **On Its Wooden Anniversary – 5 years**

*After the Department of Mental Health's Wasson Hall office in the Waterbury State Complex was severely damaged by Tropical Storm Irene, central office staff moved into the 1893 mansion on Terrace Street in Montpelier, a temporary work location, from where we responded to system infrastructure needs, coordination of care, and emergency measures to reconfigure psychiatric inpatient care as well as build community supports to foster recovery and wellness.*

*The beautiful Redstone Building offered Eastlake woodwork, Victorian lighting fixtures, fireplaces, verandas and a few other surprises like mice, a bat in the commissioner's office, a squirrel, and a ghost.*

By tradition, anniversaries are associated with minerals and other materials. The 5<sup>th</sup> anniversary since Irene that devastated homes, roads, communities and Vermont's state psychiatric hospital is the Wooden anniversary. The Department of Mental Health and Vermont State Hospital personnel were suddenly confronted with a disaster that precipitated widespread system change. Central office staff responded to a crisis of major proportions by opening lines of communication to stakeholders; preparing for a legislative session that would reconfigure programs and facilities; devising new care management practices; and becoming close partners with the Vermont department of buildings and general services. DMH and former VSH staff actively addressed immediate needs, managing inpatient psychiatric care at distant locations that required people to live in motels away from home and family. A displacement of patients to conditions ill-suited to their needs also presented the Governor with an opportunity to apply new thinking to how and where we hospitalize people until they can be discharged to a more appropriate level of care. This planning process was already underway as the State determined years before that the former Vermont State Hospital should be replaced. A Conceptual Certificate of Need was developed and approved, giving DMH a planning document to begin building the pieces of a new system of mental health care that envisioned no centralized state hospital. Reaching a consensus on a "Futures Plan" was exceedingly difficult and slow as providers, consumers, legislators, and the mental health constituency debated options. All that changed when Irene's unrelenting rains fell in August 2011 and the state hospital was evacuated.

The Department of Mental Health/Central Office kept its focus on patients displaced from the state hospital while looking all over the state for buildings that could be adapted for temporary use to meet inpatient psychiatric care needs. No suitable options were found due to obstacles such as fire codes. Due to the emergency nature of the circumstance, DMH sought and obtained approval to submit to the Department of Financial Regulation an unprecedented Emergency Certificate of Need Application to develop an 8-bed temporary hospital for the highest acuity level of inpatient psychiatric care, which we refer to as Level I. We entered into an agreement with Lamoille County Mental Health to use part of their facility in Morristown, engage Buildings and General Services (BGS) to design the space, and agree to return it to its original condition after a new, permanent hospital was built. A key component that made this location work was a partnership with nearby Copley Hospital that provided pharmacy and food services.

The need for communication was greater than ever before with many organizations, legislators, providers, people with mental health concerns, family members and advocates anxious to know what was happening and what options for new mental health facilities were being considered. A more expansive newsletter than DMH had distributed previously grew out

of the Irene crisis to more broadly and effectively communicate with a growing list of Vermonters. This publication, the *Advisory*, has become a vehicle for the mental health commissioner to “speak” to current issues and to offer updates and discussion of health and wellness, legislative, program and other news to be disseminated to several thousand people on a monthly or more frequent basis.

Care management refers to an increasingly sophisticated system for managing the flow of patients in the system of care. Its aim is to serve the individual at the most appropriate level of care given available resources, best options, and legal standards of care to provide treatment in the least restrictive setting. Following the abrupt closure of the former state hospital, a facility licensed to serve 54 patients, the shortage of beds required a ramping up of the care management system. The Department of Mental Health implemented new methods, tools, and staff to manage each patient’s clinical readiness to leave a hospital bed and move to a less restrictive setting in the community.

Drawing to some extent on the concepts, studies, and program planning of the earlier Futures Plan to replace the state hospital, the Shumlin Administration developed a statewide proposal that envisioned a dispersed system of care for psychiatric inpatients at the highest level of acuity, increased capacities for intensive residential care, a secure (locked) residential unit, completion of the crisis stabilization beds to reach all areas, a nonmedical model alternative facility, and the additional resources that would engage peers and all sectors of the community to be involved in recovery, rehabilitation, housing and other supports within a new policy framework. All of these ideas were fashioned together in the Statehouse in 2012 with legislators passing a comprehensive bill signed into law by Governor Peter Shumlin. (Act No. 79 of 2012)

As directed by Act 79, Department of Mental Health central office staff went to work to apply for Emergency Certificate of Need applications to develop five health care facilities. Partnering with BGS and wide stakeholder involvement, the building phase required adherence to the architectural standards adopted by the Facilities Guidelines Institute (FGI) for psychiatric facilities. Staff contracted with architects specializing in the design of psychiatric care settings, expertise in FGI standards, and research at an international level on recovery-oriented design attributes. The Certificate of Need regulatory process and the design efforts were undertaken with the knowledge that this opportunity to build new facilities was a unique circumstance. It was an intense period of time for DMH. Once all of Act 79 program components were in place, making the system work for the benefit of the people DMH serves was paramount. Staff efforts to gain accreditation and certification of the new Vermont Psychiatric Care Hospital were there to ensure high quality care.

During this period, the commissioner formed many work groups and invited any and all who were interested to participate. There was a strong sense that we were in this together. We were in a crisis and had to come together to rebuild our system of care, make it better than it was, and embark on new ways of helping people. There was something about the environment of a crisis that motivated everyone involved to roll up their sleeves and work harder than ever to meet the challenge we faced as a department when Irene suddenly wiped away the state institution that Vermont had relied on for more than 100 years. It was a good thing in the end.

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